

Asymptomatic

Ashley Noelle

A thesis

submitted in partial fulfillment of the
requirements for the degree of

Master of Fine Arts

University of Washington

2020

Committee:

Ching-In Chen

Jeanne Heuving

Program Authorized to Offer Degree:

Creative Writing and Poetics

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Ashley Noelle

University of Washington

Abstract

Asymptomatic

Ashley Noelle

Chair of the Supervisory Committee:

Ching-In Chen

School of Interdisciplinary Arts and Sciences

Based on actual experiences, this fictionalized work explores trauma, its survivors, and the people in the trenches who are affected vicariously. Set in a psychiatric hospital, *Asymptomatic* journeys into the fragility and resiliency of children and adolescents coping with mental illness and the effects on their adult care providers. It intersects at the crossroads between poetry, prose, and performance by taking on the form each individual narrative calls for. It reflects on the past, which overflows into the present, and aspires to change the future. This work offers glimpses into the minds of those who reside and work in both brick hospital buildings and evergreen landscaped trails. Boldly asking the question, are we not all mere step(s) away from getting lost on our trek?

Asymptomatic

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*To those in need of care
and those who provide it,
we are one and the same.*

Prescript

The following is a work of fiction based on actual experiences of working at a residential psychiatric hospital for children and adolescents. Identifying factors and details have been changed to protect the confidentiality of the residents and employees.

I

The decision to take him backpacking was questionable from the beginning. A thirteen-year-old boy who was admitted to the hospital four months prior. He preferred to be alone and avoided most therapy groups. When he did attend, he'd tease the other kids and get dismissed back to his unit. He enjoyed exploring nature and was like a feral cat content to live outside. I'm sure he longed for human connection, but he'd learned to forge his own path based on his upbringing.

Boy
13-years-old
Resident Number: B21066
Primary Diagnosis: *Oppositional Defiant Disorder*

Refusal

Anywhere at any time on any given day.

COUNSELOR
“Do you...”

BOY
“No.”

COUNSELOR
“How about...”

BOY
“No.”

COUNSELOR
“What if...”

BOY
“No.”

COUNSELOR
“Just one minute?”

BOY
“No.”

COUNSELOR
“Maybe try and see?”

BOY
“No.”

COUNSELOR
“It could be different this time.”

BOY
“No.”

COUNSELOR

“Let’s try...”

BOY

“Nope.” “No way.”

“Not today.” **“Hell no!”**

“No, thank you.” “You must be crazy.”

“Absolutely no.”

Backpacking Assessment Form

Therapeutic Recreation Department

Name: *****

Age: 13-years-old

Resident Number: B21066

Unit: Oak Treehouse

Is the resident physically able to hike?

Yes, he's definitely physically capable of making the trip. Resident has participated in some on-campus groups, including soccer & bike riding.

Would the resident want to attend if given the choice?

Maybe. Resident indicated interest in nature & outdoor activities on his initial assessment. When invited on group walks to the nature preserve he usually refuses.

Has the resident displayed consistent positive behavior?

No. He leaves the school building most days & tries to go back to his room on the unit. He will act appropriately when it allows him to get what he wants, like personal snacks or extra phone time.

Has the resident been able to attend off-campus outings?

He was eligible for one outing to the public library, but chose not to attend. He stated that it was "boring."

Does the resident have a rapport with the employees attending?

He gets along okay with the psychiatrist & one of the male counselors. Resident has not yet displayed much interest or courtesy towards this writer.

II

During every annual summer backpacking trip, we'd experience moments that wavered between success and disaster. It was like playing a constant game of Jenga®. As the employees, we'd build a semi-solid structure of blocks and at different points the kids would slide a block out of place with their behavior. It was our responsibility to work with them by finding a way to steady the block on top of the tower, all while keeping an eye on the area that was weakened. If we didn't prevent them from boring too many holes, the entire structure would topple to pieces.

This is a Weapon

A burnt-sienna and olive-green colored tapestry of a lotus flower lays spread out on the ground, with a one by three-foot corner of the tapestry missing. On top of the tapestry rests a variety of objects.

WOMAN

WOMAN enters and positions herself in front of the tapestry at a microphone on a stand. “While working as a therapeutic recreation specialist at a residential psychiatric hospital for children and adolescents I planned a variety of activity-based therapy groups, which included competing in sports, exploring the outdoors, creating arts and crafts, writing poetry, and playing drama games.”

WOMAN steps onto the tapestry and picks up a pocket knife with her right hand and proceeds to ‘play’ a drama game. With the object raised, she looks to her left. “This is a weapon.”

With the pocket knife lowered, WOMAN looks to her right. “A what?”

With the pocket knife raised, WOMAN looks to her left again. “A weapon.”

WOMAN looks to her right and grabs the pocket knife with her left hand. “Oh, a weapon.”

WOMAN places the pocket knife back down on the tapestry and picks up a ripe banana with her right hand and proceeds with the game, repeating the same four lines and gesturing in the same manner. “This is a weapon.”

“A what?”

“A weapon.”

“Oh, a weapon.”

WOMAN places the banana back on the tapestry and picks up a belt. She repeats the four lines while gesturing in the same way. Next, she picks up a children’s book and replicates the lines and gestures. This continues on with all of the objects on the tapestry until each one has been picked up and placed back down. The rate, tone, and volume of her voice gets quicker, more aggressive, and louder as do the gestures as she continues to recite the four lines with each object individually. (The remaining objects include a make-up case (with a purple eyeshadow palette, an eyeshadow brush, red lipstick, and black eyeliner), a box of tissues, a T-shirt, two screws, a peach, a ketchup packet, three raw eggs, a pencil, a cup of water, a rope, a lighter, and a shard of glass.)

What to Pack for Backpacking

Clothing

All backpackers will bring four pairs of underwear, four pairs of socks, four T-shirts, two pairs of shorts, two pairs of pants, one pair of pajamas, one long-sleeve shirt or hooded sweatshirt, one rain jacket, one hat, one swimsuit, one pair of hiking boots or one pair of sturdy tennis shoes.

Flashlights

Each adult backpacker will be given one flashlight for their tent to share. Resident backpackers are not allowed to carry flashlights.

First-aid supplies

All first-aid supplies, including prescription medications, will be carried and distributed by the attending psychiatrist. Bug spray and SPF 50 sunscreen are included with these items.

Fuel and Lighters

Camp leader and lead cook will each carry one butane lighter and two canisters of butane/propane fuel for backpacking stoves.

Repair kit and tools

Camp leader will carry and secure a pocket knife. Camp leader will assign the following items to various adult backpackers to carry: duct tape, bungee cords, backpacking stoves, cooking equipment and utensils, plastic bags for garbage, toilet paper, etc.

Food

Vacuum-sealed frozen beef ravioli and broccoli coated in cheddar cheese will be carried by resident backpackers, along with frozen hot dogs, hot dog buns, individual packets of ketchup, and instant oatmeal. Single servings of fresh fruit, trail mix, and granola bars will be distributed to each backpacker.

Hydration

Each backpacker will carry a liter-size bottle filled with water. Four water filtration devices will be carried by adult backpackers.

Shelter

Tents, rainflies, and poles will be distributed among all backpackers. Stakes and mallets are carried by adult backpackers only. Each backpacker will be provided a sleeping bag and pad to carry and use.

Boy
13-years-old
Resident Number: B21066
Primary Diagnosis: *Oppositional Defiant Disorder*

Absent

Cracking sticks
Echo in my mind
As I roll out of bed
Slipping on my shoes
Without socks

Missing the traction
Of my once new kicks
Barely held together
With splitting seams
And worn-out holes

Mom—
Always working
Brother—
Always crying
Dad—
Always absent

He left after
I was born
My bro
Doesn't know
His dad either
I tell him—
'You wouldn't
Want to'

I ask my mom
For new shoes
She laughs
I think—
What's so funny?

Forget it—
I'll come up
On my own

Skip school
All day
Stay out
Most the night

She acts like
She cares
She says—
'Get a job!'
I have—
My own ways

When mom's
Not looking
I steal her
Cigarettes
Sell 'em to kids
Down the street

One day I'll have
Enough cash to buy
A new pair of shoes

Backpacking Schedule

(subject to change)

Day 1

9:00 a.m.	Leave Oak Treehouse!
11:00 a.m.	Arrive at Lake Fortitude trailhead
11:15 a.m.	Eat lunch and hydrate
12:00 p.m.	Hit the trail
3:30 p.m.	Set-up tents and unpack
4:00 p.m.	Swim and fish
6:30 p.m.	Eat dinner
8:30 p.m.	Roast s'mores
9:30 p.m.	Get ready for bed
10:00 p.m.	Tent time and lights out

Day 2

7:00 a.m.	Wake-up
8:00 a.m.	Eat breakfast
9:00 a.m.	Pack and clean-up
9:30 a.m.	Head down the trail
12:30 p.m.	Arrive at trailhead and eat lunch
1:00 p.m.	Drive back to campus
3:00 p.m.	Arrive at Oak Treehouse

III

As the trip leader, I kept pace in the front of the pack while we hiked the arduous switchbacks of Lake Fortitude. The boy tried to keep up with me, but fell behind thirty minutes into the trek. The other eleven kids fluctuated somewhere in the middle of the herd with the six counselors and the attending psychiatrist brought up the rear. We regrouped at “Pride Rock,” the first peak overlooking the reflective lake. As we gazed upon its serene allure a collective sense of accomplishment seemed to have been felt by all.

Policy Number 100-024

The following items are considered contraband and are NOT ALLOWED in the resident's possession at any time while at the hospital.

- No Aluminum Cans
- No Batteries
- No Belts
- No Cameras
- No Cash
- No Cell Phones
- No Clothes with printed Explicit Content
- No Communication Devices
- No Cotton Swabs
- No Dangly Earrings or Necklaces
- No Explicit Music including burned CD's or DVD's
- No Glass
- No Hair Dye or Bleach
- No High Heeled Shoes or Steel Toed Boots
- No Lamps
- No Magnets
- No Matches or Lighters
- No Metal (including spiral notebooks, bobby pins, safety pins, paper clips, etc.)
- No M-Rated Video Games
- No Permanent Markers
- No Pornography
- No PG-13 or R rated DVD's
- No Razors
- No Rocks
- No Strings longer than six-inches
- No Tobacco, Alcohol, or Non-Prescription Drugs
- No Wi-fi Capable Devices

IV

For most of the day, the boy maintained his typical behavior with subtle name-calling and testing limits. His unofficial one to one counselor was diligent and tried to detract the boy from any negative behavior. When it came time for bed, the boy refused. He attempted to light a stick in his hand with the campfire. A couple of counselors and I coached him to make safe decisions until he finally agreed to go into the tent with his tentmate and counselor.

Around 1:00 a.m. I was awakened by one of the nightshift counselors informing me the boy was not in his tent during the last routine check. After sweeping the surrounding area and not finding him I woke the psychiatrist and we conferred about what to do. We took one more sweep to no avail and went back to our respective tents.

Employee Injuries I

A clear empty water pitcher and wooden spoon sit on a stool. Next to the stool is a microphone on a stand. On the other side of the microphone is a waste bin. Behind all of this is a burnt-sienna and olive-green colored tapestry of a lotus flower spread out on the ground, with a one by three-foot corner of the tapestry missing. On top of the tapestry rests a variety of objects. Behind all of this is a screen with a Kelly-green square projected.

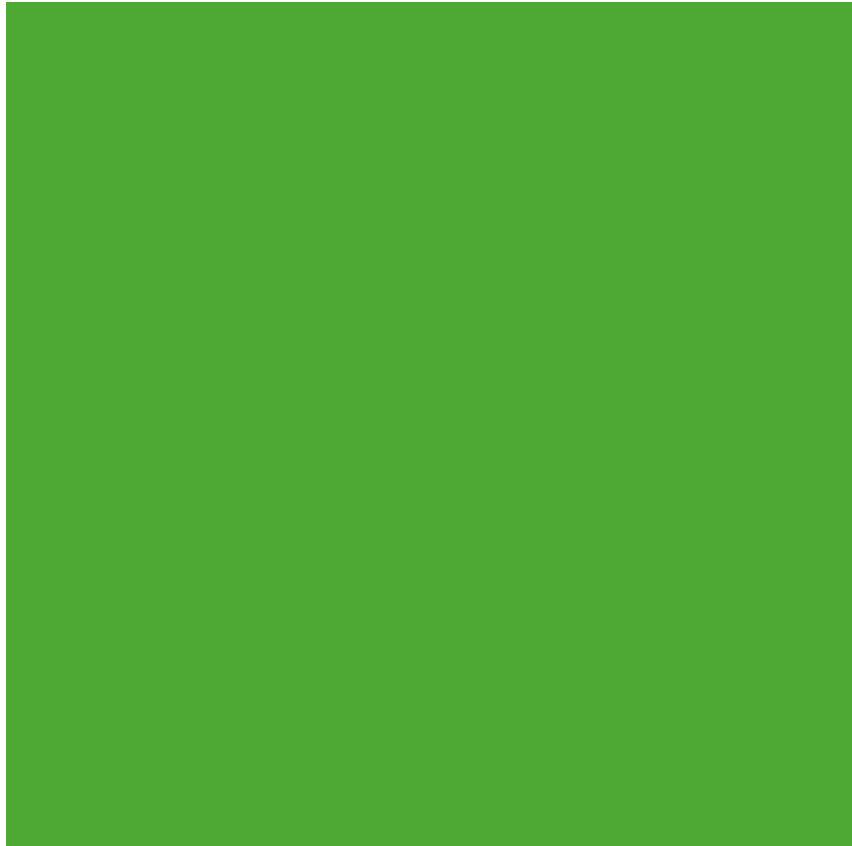


WOMAN

WOMAN enters and stands in front of the microphone.

“Abrasion to left pinky finger.”

WOMAN vigorously rubs palms together.



“Contusion to right forearm.”

WOMAN changes the slide to a photograph of a bruised right forearm. She picks up a purple eyeshadow pallete and eyeshadow brush from the tapestry and swirls dark purple eyeshadow onto her right forearm. When finished she places the pallete and brush back onto the tapestry where she found them.



“Scratches to left side of neck and face.”

WOMAN changes the slide to the next photograph of a man's scratched left side of neck and face. She picks up red lipstick from the tapestry and draws lines on the left side of her neck and face. When finished she places the lipstick back onto the tapestry where she found it.



“Sprain to right ankle.”

WOMAN changes the slide a Kelly-green square. She picks up a ripe banana from the tapestry and squeezes the banana in half with both hands. She eats some of the banana that squished out and adds the rest to the pitcher.



“Ecchymosis to right eye.”

WOMAN changes the slide to the next photograph of a man with a blackened right eye. She picks up black eyeliner from the tapestry and draws underneath her right eye. When finished she places the eyeliner back onto the tapestry where she found it.

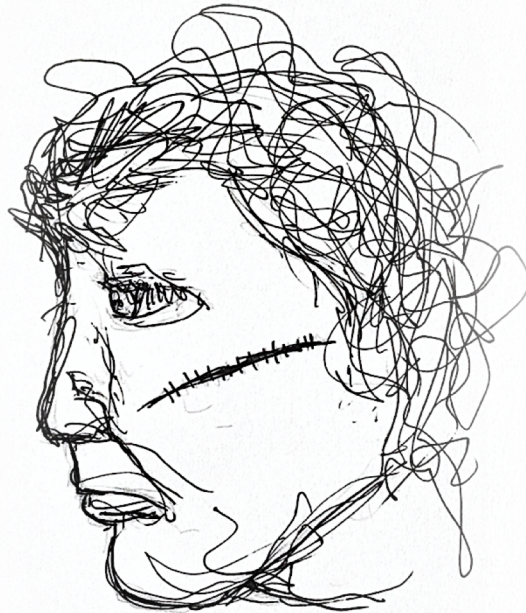


“Laceration to left cheek.”

WOMAN changes the slide to the next photograph of a man with a stitched left cheek. She picks up a shard of glass from the tapestry—

and places it back down.

She picks up the red lipstick from the tapestry again and applies it on both lips making a diagonal line on her left cheek towards her left ear. When finished she places the lipstick back onto the tapestry where she found it.



“Fracture to nose.”

WOMAN changes the slide to a blank Kelly-green square. She gets close to the microphone on the stand. She cups both of her hands around her nose and mouth and takes—

three

deep

breaths.

In one motion she moves both sets of four-fingers towards the right as she uses her right thumbnail to flick in a forward motion against her two front teeth. She picks up a single tissue from a tissue box on the tapestry and blows her nose. She places the used tissue in the pitcher.



“Rotator cuff tear to left shoulder.”

WOMAN changes the slide to the next photograph of a man with a torn T-shirt. She picks up a T-shirt from the tapestry and rips the fabric in half. She fastens it into a sling around her left forearm and shoulder. She places the other half of fabric into the pitcher.



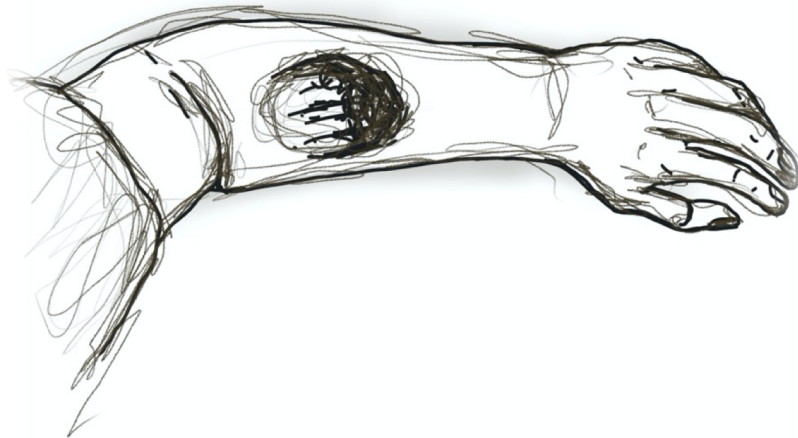
“Stable fracture to right femoral neck.”

WOMAN changes the slide to an x-ray of a right femur bone joint. She picks up two screws from the tapestry and drops them into the pitcher.



“Bite to left forearm.”

WOMAN changes the slide to the next photograph of a bitten left forearm. She picks up a peach from the tapestry, takes a bite and spits it into the pitcher. She holds onto the rest of the peach.



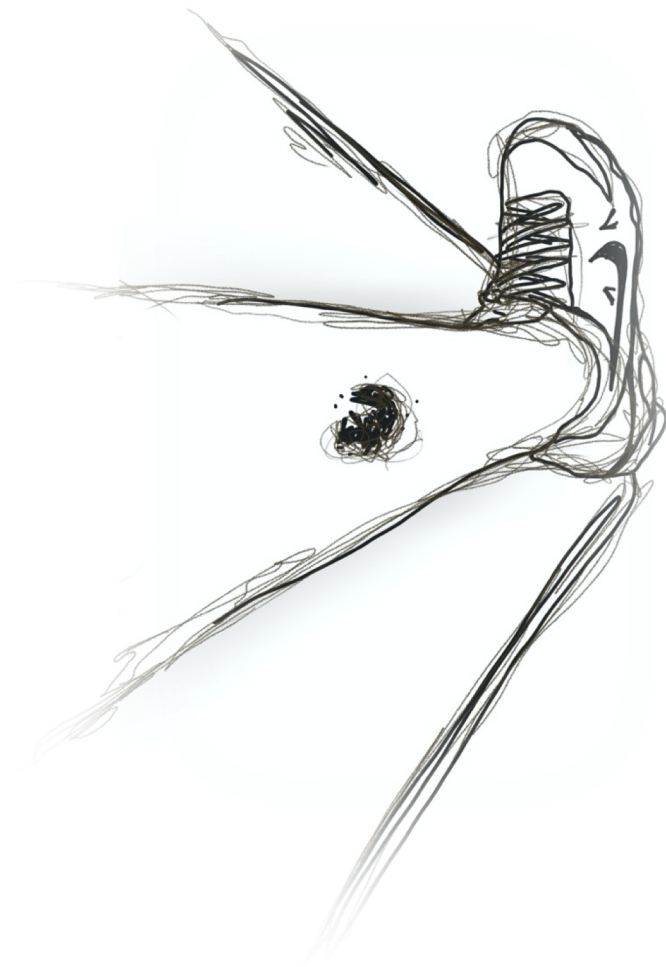
“Bite to right triceps.”

WOMAN changes the slide to the next photograph of a bitten right upper-arm. She takes another bite of the peach and spits it into the pitcher. She holds onto the rest of the peach.



“Bite to right calf.”

WOMAN changes the slide to the next photograph of a bitten right lower-leg. She takes another bite of the peach and spits it into the pitcher. She discards the rest of the peach into the waste bin.



“Bloodborne pathogen exposure.”

WOMAN changes the slide to a Kelly-green square. She picks up a ketchup packet from the tapestry, tears it open with her right hand and two front teeth. She squirts half of the ketchup into her mouth and squeezes the rest into the pitcher. She discards the packet into the waste bin.



Employee Injuries II

WOMAN

“Post-Traumatic Stress (Disorder).”

V

I awoke four hours later and checked in with the nightshift counselors. The boy had not returned. A sinking, hollow feeling enveloped the pit of my stomach. I immediately buried it because I still had the rest of kids to return safely to the hospital. I awakened the psychiatrist again to give him the update and form a new plan.

We informed the counselors to be on the lookout for the boy, to not alert the other kids, to have everyone eat breakfast, and pack as quickly as possible. We instructed the two nightshift counselors to hike back to their car, drive until they received cell service, call the hospital and police to notify them of the missing boy, then drive back to the trailhead and radio us.

Following a somber breakfast, we regrouped and put on our packs. A single yellow pack belonging to the missing boy was lying against a log. One of the counselors carried it back down the trail. The boy's threadbare shoes dangled on the outside, bouncing up and down.

Boy
12-years-old
Resident Number: B21081
Primary Diagnosis: Autism Spectrum Disorder

Restraint

BOY

BOY stands while repeatedly tapping his left shoulder with his right four-fingers.

“Hey. Hey. Hey. Hey. Hey. Hey.”

Pause.

“Still friends?”

NARRATOR

“Translation—Can I trust you?”

Pause.

“BOY sits at single desk in classroom trying to work on math problems. Without saying anything, he throws pencil across room against wall.”

BOY

BOY stands while repeatedly tapping his left shoulder with his right four-fingers.

“Hey. Hey. Hey. Hey. Hey. Hey.”

Pause.

“Still friends?”

NARRATOR

“Translation—Can you help me?”

Pause.

“BOY uses both hands and feet to push himself away from desk. He stands up kicking chair over behind him. He runs out of room yelling, ‘Fuck you! Fuck this! Fuck, fuck, fuck, fuck!’”

BOY

BOY stands while repeatedly tapping his left shoulder with his right four-fingers.

“Hey. Hey. Hey. Hey. Hey. Hey.”

Pause.

“Still friends?”

NARRATOR

“Translation—I’m scared.”

Pause.

“Employees chase BOY outside of classroom and into hallway. He runs out of school building and attempts to run into street. Two employees grab him, each by one arm.”

BOY

BOY stands while repeatedly tapping his left shoulder with his right four-fingers.

“Hey. Hey. Hey. Hey. Hey. Hey.”

Pause.

“Still friends?”

NARRATOR

“Translation—Will you keep me safe?”

Pause.

“Both employees escort BOY back into school building and down hallway into seclusion room. Ten-foot cubic space, walled by concrete, painted floor to ceiling in Kelly-green. They walk him to opposite corner of room, using their knees to buckle his knees to ground, fixing his arms by his sides.”

BOY

BOY stands while repeatedly tapping his left shoulder with his right four-fingers.

“Hey. Hey. Hey. Hey. Hey. Hey.”

Pause.

“Still friends?”

NARRATOR

“Translation—I’m sorry.”

Pause.

“The employees attempt to exit room safely. BOY struggles; trying to free his body from their grip, biting into air. Two more employees enter room, each one holding BOY’s limbs facedown to concrete floor. They use a one by three-foot one-sided Velcro® covered canvas strip to wrap around his legs, securing them together. All of the employees exit room one by one, leaving BOY behind on floor, locking steel door with three dead bolts from outside.”

BOY

BOY stands while repeatedly tapping his left shoulder with his right four-fingers.

“Hey. Hey. Hey. Hey. Hey. Hey.”

Pause.

“Still friends?”

NARRATOR

“Translation—Will I ever get better?”

Pause.

“A COUNSELOR monitors BOY through eight-and-a-half by eleven-inch plexiglass window on door. Waiting for him to calm so he can be released, waiting for him to be safe enough to re-enter environment.”

BOY

BOY stands while repeatedly tapping his left shoulder with his right four-fingers.

“Hey. Hey. Hey. Hey. Hey. Hey.”

Pause.

“Still friends?”

NARRATOR

“COUNSELOR answers BOY—”

COUNSELOR

“Yes BOY, still friends.”

Seclusion Monitoring Form

Name: ****

Age: 12-years-old

Resident Number: B21081

Unit: Oak Treehouse

Time Restraint Began: 1406

Time Restraint Ended: 1417

Time Seclusion Began: 1418

Time Seclusion Ended: 1513

Monitor and record all resident activity while in seclusion.

1418 Resident screaming obscenities. "Let me out! Fuck you! Fuck!" Resident banging fists on door repeatedly.

1425 Resident spit on window of door.

1434 Resident sitting on the ground in the middle of seclusion room crying with face in hands saying, "I want to go home."

1436 This writer attempted to communicate with resident through locked door. Resident did not respond and continued to cry.

1447 Resident stopped crying and asked to use the bathroom. This writer informed him that he would need to be quiet and sit calmly for at least fifteen minutes before the door would be unlocked.

1456 Resident singing to self. "Say something, I'm giving up on you. I'm sorry that I couldn't get to you." This writer reminded the resident that he had to be quiet to have the door unlocked.

1502 Resident sitting quietly against the wall furthest from the door. Resident was asked by this writer to slide the leg wraps underneath the door.

1512 This writer made a safety agreement with the resident.

1513 This writer unlocked the door.

VI

Before hitting the trail we circled at “Pride Rock.” Looking over the edge, I no longer felt the accomplishment I had less than twenty-four-hours ago. I felt bewildered, shaken, and a sense of urgency to begin our descent. The psychiatrist suggested we take at least one group photo as a memento for the rest of the kids. I pasted on a frail smile and thought about how there should be one more kid in this photo.

Boy
12-years-old
Resident Number: B21081
Primary Diagnosis: Autism Spectrum Disorder

Flooded

Tight
Tight
My shoes are too tight
I like Nike's
Red and black—
With white
Colors of a milk snake
Will I get my shoes back?
Tongue twisted in mouth
Blood red—
Stovetop coils
Cold-blooded—
Stop sign poles
Just wanted to see my mom
Still friends?
Fist-bump
Fist-bump
Does everyone get cold?
I don't want coal—
For Christmas
I hope it snows
Choke
Choke
It makes you choke
Can I have some water?
Smother the fire
I'm sorry—
I didn't mean to
Make it cold again
Smoke
Smoke
Don't breathe in—
The black smoke
Still friends?
Fist-bump
Fist-bump
I just wanted to see—
My mom

VII

About halfway through descending, we received a radio call from the nightshift counselors who were waiting at the trailhead for an emergency response team. Once the search party began to form, they worked in conjunction with the hospital and police to gather information about the boy.

I kept thinking—he's probably going to leap out from behind a tree, pointing and laughing at us. I'd be perfectly fine with this, as long as we find him before reaching the base of the trail.

Girl
10-years-old
Resident Number: A20893
Primary Diagnosis: Anxiety

Free

Free is when I'm ice skating
Tightened laced leather
Arms my fragile feet
Safe once again in my skates

Swoosh-swoosh-spin
Swoosh-swoosh-spin

c-c-c-Cut
c-c-c-Cut

Cool air swirls on skin
Blushing cheeks, ears, and nose
Knit hat hides bare patches
Where baby hair wishes to grow

Swoosh-swoosh-spin
Swoosh-swoosh-spin

c-c-c-Cut
c-c-c-Cut

Magenta mittens mask
My gnawed nails
Hiding the rusted blood
Caked on cuticles

Swoosh-swoosh-spin
Swoosh-swoosh-spin

c-c-c-Cut
c-c-c-Cut

Free—from the voices
Free—from the yelling
Free—from the harm
Free—from me

Say Something

When I first started out as a counselor, I worked with the younger kids in Spruce Treehouse. At the time most of them were between the ages of eight to twelve-years-old. There was a girl named *****, who had issues with anxiety.

During one of our daily employee meetings the psychologist and social worker told us that *****'s adoptive parents decided to give her up and they planned on telling her the news after the paperwork finalized in about a week.

That evening we had an outing with the TRS¹ and ***** was eligible to go. She liked ice skating and asked if we could take her. I suggested to the TRS that we go to the local ice rink and she agreed.

On the way there, I sat in the back of the van monitoring the kids while the TRS drove. We were listening to music on the radio, then an ad came on, so the TRS changed the station. A slow piano intro began playing over the speakers. ***** begged the TRS to stay on this station, saying she was 'in love with this song.'

It goes—'*Say something, I'm giving up on you.*'

***** knew all the lyrics and sang along. Everyone listened quietly.

I started to feel like I couldn't breathe. I tried to loosen my seatbelt. I wanted to tell the TRS to pullover and let me out, but I didn't.

Instead I attempted to even out my breath, slow my heartrate, and swallow the lump swelling in my throat.

¹ therapeutic recreation specialist

VIII

I felt like I was in a sphere of fog as we arrived at the trailhead. My feet stepped mechanically as if programmed to walk in the direction of the parking lot.

There were half-a-dozen emergency response personnel gearing up to look for the boy. The psychiatrist and I met the response leader and regurgitated the sequence of events that had transpired. She requested one of us stay to help look for the boy and be a familiar face if they found him.

If—they found him.

That word reverberated in my mind like the banging of a gong.

We agreed upon having the psychiatrist stay, while the rest of us loaded up the gear with the remaining kids and drove away from Lake Fortitude.

Di-ag-no-ses

ayinext

tonettain fitidec pearthyvicity reriddos

sumati

libropa

docctun reriddos

nesperdios

negrail reriddos

soontilpoipa nitfade reriddos

IX

During the drive back to the hospital I thought about—

the boy and if he was cold, hungry, or hurt.

his parents—what they must be going through knowing he's lost and what they may feel if he's not found.

my own future and what it will be like to face my colleagues, supervisor, and hospital administrator; write the incident report; withdraw from my position; testify in front of a court.

Linger-ings

A pebble s
l
i
p
s

As percussive r p l s wave
i p e

Ringin the silence within

Another pebble d

r
o
p
s

i r
Concussive c c round and
s e l

The sound shells a shock

Drips d
o
w
n glass windows

M
i
r
r
o
r
r
o
r
r
i
M like pools of water

Used as tools to watch others

Gaze follows footsteps in reflectionnoitcelfer

Until disappeared from sight

Left blinking d
r
o
p
s from dilated eyes

A paper clip drop
ped

Resist the urge to pick it^{up}

Let it d
r
i
p

From pouch was pulled a rope-like w
o e

Still itching from strings l o n g e r than six-inches

Attempting to suppress the impulse to t e o
r m r

Painted rocks gripped in fists

Turned pockets inside-out
ni-edistuo

Balled lint from seams f

a

l

l

Drop these lingers
i n
g
s

X

As I flipped on the van's turn signal to exit the freeway my cell phone rang and the psychiatrist's name appeared on the screen. I held my breath and swiped right. With one hand on the wheel, I pressed the phone to my ear.

'He's fine—we found him,' were the only words I heard before I began sobbing.

Girl
14-years-old
Hospital Number: B21074
Primary Diagnosis: Major Depressive Disorder

~and~

Boy (A)
12-years-old
Resident Number: B21081
Primary Diagnosis: Autism Spectrum Disorder

~and~

Boy (B)
13-years-old
Resident Number: B21066
Primary Diagnosis: Oppositional Defiant Disorder

Trust Falls

THERAPEUTIC RECREATION SPECIALIST (TRS) unlocks a door and enters with a GROUP of three residents (GIRL, BOY A, and BOY B) and a COUNSELOR into a long narrow windowless room with a twenty-foot high ceiling. To the left of the entrance, along the side of the room are terra-cotta colored indoor climbing panels mounted to the wall. Each five-square-foot panel is secured in a grid-like pattern spanning a total of thirty-feet with rocky features protruding from the surface. Four climbing routes are mapped out with red and blue handholds and footholds screwed to the panels. Above each route on the ceiling is a bolted metal ring with a long climbing rope strung halfway through with both ends of the rope touching the floor. Each rope has its own belay device, carabiner, and a pair of harnesses for a climber and belayer. Several quad-fold mats cover the laminated tile floor directly underneath the climbing wall.

Week One

TRS

“During the first week of the climbing group you will create individual goals and learn safety guidelines.”

TRS pulls out a large sheet of poster paper and a pack of markers from the equipment cabinet on the opposite side of the climbing wall.

“Each of you will write at least one goal and share it with the group.”

GIRL

After writing her goal, GIRL raises her hand and is called on by the TRS.

“My goal is to get over my fear of heights and climb to the top.”

Week Two

TRS

“This week is about learning how to tie climbing knots.”

TRS grabs one of the ropes and begins to demonstrate.

“To tie a ‘figure-eight knot’ make a loop with the rope in your right hand so that the end of the rope closest to you touches the floor when the loop is held up to your chin.”

GIRL

Interrupting.

“What if you’re left-handed?”

COUNSELOR

To GROUP.

“Raise your hands if you have questions.”

TRS

To COUNSELOR.

“Yes, good reminder.”

To GIRL.

“If you’re left-handed then make the loop in your left hand.”

To GROUP.

“Now take the end of the rope in your left hand or free hand and circle it behind the loop in the opposite hand counterclockwise, then thread it through...”

BOY (A)

Raises hand and interrupts.

“What does counterclockwise mean?”

COUNSELOR

To BOY (A).

“Raise your hand, then wait until you’re called upon to ask your question.”

GIRL

To BOY (A).

“It means to go in the opposite direction in which the hands of a clock move.”

BOY A begins to trace circles in the air with his pointer finger.

COUNSELOR

To BOY (A).

“Stop that and pay attention.”

TRS

To BOY (A) and GIRL.

“Right, the opposite direction.”

To GROUP.

“Like I was saying, thread it through the loop from the front. Next, make the ‘follow-through’ by taking the end of the rope and threading it through the center belay loop of your harness up towards your face. Make sure you have a fist-width distance between your ‘figure-eight knot’ and the loop.”

BOY (B)

Interrupting.

“The size of my fist or yours? My fist is bigger than yours.”

COUNSELOR shoots BOY (B) a look.

TRS

To BOY (B).

“Whoever is tying the knot.”

TRS finishes demonstrating how to tie the knot and has each kid practice on their own.

GIRL

GIRL attempts to tie the knot over and over again. Each time she ends up with a pretzel-shaped knot.

“This is too hard. I can’t do this. I quit.”

TRS

“Here, let me help you.”

TRS goes through the motions at a slower pace repeating the directions for GIRL. After a couple of more tries, she is able to make the ‘figure-eight knot’ on her own.

Week Three

TRS

“During today’s session we’ll cover safety checks and commands.”

After walking through the safety checks with the GROUP, TRS goes through each of the commands.

“The climber addresses the belayer. Repeat after me, ‘On belay?’”

GROUP

“On belay?”

TRS

“Translation—‘Can I trust you?’ The belayer answers the climber—Repeat after me, ‘Belay on.’”

GROUP

“Belay on.”

TRS

“Translation—‘Yes, you can trust me.’ The climber states—Repeat after me, ‘Climbing.’”

GROUP

“Climbing.”

TRS

“Translation—‘I’m ready to trust you.’ The belayer agrees—Repeat after me, ‘Climb on.’”

GROUP

“Climb on.”

TRS

“Translation—‘Me too.’”

Week Four

TRS

“Today is our final day of climbing. It’s also an opportunity for each of you to evaluate how you did in this group over the last four weeks.”

Each of the climbers puts on their harness, picks a route, and ties their knots.

“Who’s ready to climb?”

GIRL

“I am! Can you time me? I want to see how fast I can go.”

TRS

“Yes.”

TRS goes through the safety checks and commands with GIRL and looks at her watch.

“Ready, set—go!”

GIRL climbs as fast as she can up the wall without looking down. She gets about four-feet away from the top and looks back at TRS.

“Move your left foot up to the blue foothold. You’re almost to the top; straighten your leg. Go ahead, touch the ceiling.”

GIRL does as TRS instructs and high-fives her left palm to the ceiling tile above her head. The GROUP cheers as she descends the climbing wall, landing her seat safely to the mat. GIRL lays down on her back smiling upwards.

Girl
14-years-old
Hospital Number: B21074
Primary Diagnosis: Major Depressive Disorder

Disjointed

metatarsals swim in metallic-
lavender combat boots
stumbling through life
in the one thing that mostly fits

sleeves slide off shoulders
exposing a crater laden dermis
cartilage lacking sockets flash
a pair of protruding clavicles

paper-white teeth speckled
with acid holes that canker-
burn from a sour ulcer-struck oval

mints mask acrid breath
from the cauterized basin
filled with prescribed potions

label me skeleton girl
with spindly spider-legs
whose double-joints dislocate

XI

Upon returning to the hospital, the counselors and I dropped the kids off at their unit and went to the hospital administrator's office to debrief the incident. About ninety-minutes into reconstructing the timeline the psychiatrist returned with the boy, who was unharmed except for being barefoot with a couple of scratches.

The boy reported that he left the tent after his tentmate and counselor went to sleep and walked to the other side of the lake. He waited there until sunrise, then bushwhacked down the trail. Once he reached the road, he walked until finding the highway and ended at a gas station where two local authorities found him eating a bag of potato chips.

Girl
14-years-old
Hospital Number: B21074
Primary Diagnosis: Major Depressive Disorder

~and~

Boy
13-years-old
Resident Number: B21066
Primary Diagnosis: Oppositional Defiant Disorder

Swing Talk

GIRL and BOY are sitting outside on swings gently swaying back and forth dangling their feet in wood chips. About twenty-feet away stands a counselor, watching them and two other residents who are riding bikes around a paved loop.

GIRL

GIRL slides her weight forward on the swing, shifting her seat to the edge, and plants her boots firmly to the ground. She turns towards BOY and asks.

“Do you ever feel like you’re living the same day over and over and no matter what you do nothing will ever change?”

BOY

BOY continues to sway back and forth looking down at the ground.

“I don’t know. What do you mean?”

GIRL

GIRL uses her feet to spin clockwise, twisting together the chain-links above her head.

“Like every morning is the same. My alarm goes off and a counselor knocks on my door telling me to get up. Then I get dressed and wait for the hygiene closet to be unlocked so I can brush my teeth. Then we line up for breakfast, which I usually don’t eat. Then we line up for school. It’s just line, after line, after line.”

BOY

BOY continues to look down.

“Yeah, you’re right. I’m sick of the routine.”

GIRL

GIRL winds the swing’s chains down to her fists on each side.

“Why do we even try sometimes?”

BOY

BOY looks up.

“I don’t know.”

GIRL

“I’ve been here for over nine months and I just want to go home.”

BOY

BOY says nothing at first and looks back down at his feet.

“Me too. It’s been six months for me. It was my bro’s birthday last week. I made him this stupid bracelet in art therapy.”

BOY pulls out a blue and green braided embroidery floss bracelet from the right front pocket of his jeans.

“I called home to say ‘hi’ and when I talked to my mom, she was like, ‘I think it’s better if we don’t visit this weekend because it’s *his* day.’ I think she’s still mad at me because of the backpacking thing.”

GIRL

“Damn, that’s rough.”

GIRL looks at the bracelet, then back at the side of BOY’s face.

“You can always give it to him the next time they visit.”

GIRL spins counterclockwise until the swing’s chains are untangled. She jumps to her feet, steadies herself with one of the chains, and turns to face the BOY once again.

“Wanna go ride bikes?”

BOY

“Sure.”

BOY hops off the swing and puts the bracelet back into his pocket.

XII

I've never felt the same sense of dread before or after those thirteen hours of uncertainty. The weight of losing someone else's child is something I don't want to carry again and I cannot imagine what it would be like to lose my own child, temporarily or forever.

I've not yet returned to Lake Fortitude since that fateful trip, even though I continued to work at the hospital for a couple more years. Sometimes I imagine what it would be like to hike those lengthy switchbacks and reclaim the once triumphant feeling of successfully leading numerous kids backpacking.

In Here

We

build
and braid
and break together

With

wooden blocks
embroidery floss
and malnourished wrists

We

ride
and drive
and flee together

With

bikes
vans
and zipped-tied sneakers

We

swim
and float
and dunk together

With

chlorine
salt
and baby fat backs

In here

I clock-in
and out

You

hit snooze
and wake

We
climb
and hike
and camp together

With
ragged boots
tattered packs
and duct-taped poles

We
fish
and fire
and fist together

With
sharp hooks
burning embers
and white knuckles

We
draw
and crumple
and trash together

With
crayons
paper
and waste bin dreams

In here
I clock-in
and out

You
hit snooze
and wake

We
clean
and clear
and clash together

With
bleach
tears
and slamming doors

We
drink
the same unfiltered water
from Dixie® paper cups

We
breathe
the same oak tree
oxygenated air

We
run
from the same rain
taking shelter awning to awning

We
trench
through the same mud
when the grass ain't so green

In here
I clock-in
and out

You
hit snooze
and wake

We
share our germs
get sick
and wash our hands together

We
share our hand-me-downs
regrets
and grief together

We
swing from the same bars

We
hide and seek the same geese

write poems together

sing off-key together

I'm

Your tissue
Your weighted blanket
Your something to cling to

To lean on
To spin-off
To make amends

Together

Notes

“What to Pack for Backpacking”

This list is based on the ten essentials found in the guidebook *Mountaineering: The Freedom of the Hills* by The Mountaineers (Mountaineers Books, 2017).

“Employee Injuries I”

This performance is inspired by photographs employees shared through social media or directly with me of injuries they sustained as a result of physical restraints of residents while working at the hospital. To protect their anonymity I commissioned original artwork depicting the photographs from Jordan Stambaugh. Instagram handle: @jstamb.

The x-ray image is from an actual employee’s post-surgical injury.

“Employee Injuries II”

‘Disorder’ is intentionally in parentheses. According to Samara Andrade and Emily Pantalone, authors of the training manual *Trauma-Informed Yoga*, to be diagnosed with a trauma disorder in accordance with the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) a clinician needs to conduct the Clinically Administered PTSD Scale (CAPS) and the individual assessed must score above a certain threshold to be diagnosed. Individuals under the threshold may still experience post-traumatic stress reactions and struggle to cope with trauma even without an official diagnosis. PTSD is currently the only trauma disorder recognized by the medical community and insurance companies (6).

“Seclusion Monitoring Form”

Source of song lyrics: A Great Big World feat. Christina Aguilera. “Say Something.” *Is There Anybody Out There?*, written by Ian Axel, Mike Campbell, and Chad King, Epic, 2013.

“Say Something”

Source of song lyrics: see note for “Seclusion Monitoring Form.”

“Di-ag-no-ses”

Word jumble answers in descending order: anxiety, attention deficit hyperactivity disorder, autism, bipolar, conduct disorder, depression, learning disorder, and oppositional defiant disorder.

The Subtle Side of Trauma

About a month after leaving my career as a therapeutic recreation specialist (TRS) to pursue graduate studies, I attended a party at my partner's co-worker's home. A couple of us were standing in the kitchen talking when one of the guests announced he was going to leave. He reached into his pocket and pulled out a thick woven rope—I gasped at the sight of it. Everyone nearby stared at me with confusion. I calmed and awkwardly laughed as I realized that it was merely an ordinary dog leash for his Shiba Inu. Later that evening, I confessed to my partner the reason for my reaction was because I associated the leash with a noose.

Unfortunately, this was not the first time I had been startled at the sight of an everyday object. It had become a fairly common response after working for six-and-a-half years at a residential psychiatric hospital for children and adolescents. This environment conditioned me to identify items that posed potential threats to the safety of myself and others. Even though my hyperawareness served me well on the job, it is not something I could simply turn off at the end of the workday.

Asymptomatic reflects my experience of having adverse reactions towards conventional objects without conclusive evidence as to why. I have never been formally diagnosed with Post-Traumatic Stress (Disorder)¹, but I have been subjected to signs and symptoms that create feelings of anxiety and inhibit my ability to function appropriately at times. These negative impacts sometimes lay dormant—bubbling beneath the surface of my skin—waiting to erupt at the most inopportune moments.

¹ 'Disorder' is intentionally in parentheses. To be diagnosed with a trauma disorder in accordance with the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) a clinician needs to conduct the Clinically Administered PTSD Scale (CAPS) and the individual assessed must score above a certain threshold to be diagnosed. Individuals under the threshold may still experience post-traumatic stress reactions and struggle to cope with trauma even without an official diagnosis. PTSD is currently the only trauma disorder recognized by the medical community and insurance companies (Andrade and Pantalone 6).

In *The Body Keeps the Score*, Bessel van der Kolk, M.D. describes PTSD in accordance with the DSM-5:

A person is exposed to a horrendous event ‘that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others,’ causing ‘intense fear, helplessness, or horror,’ which results in a variety of manifestations: intrusive reexperiencing of the event (flashbacks, bad dreams, feeling as if the event were occurring), persistent and crippling avoidance (of people, places, thoughts, or feelings associated with the trauma, sometimes with amnesia for important parts of it), and increased arousal (insomnia, hypervigilance, or irritability).

(204)

van der Kolk and the DSM-5 define the gross signs and symptoms of PTSD sufficiently, but what about the more subtle ones? When working with trauma-affected populations behavioral healthcare providers have the potential to be subjected to burnout, compassion fatigue, and even vicarious trauma (Andrade and Pantalone 41). In my experience of working at the hospital the effects of trauma are less acute than those of whom I provided care to. I am able to hold a job, attend graduate school, and nurture relationships with loved ones AND I get lost in my memories from the hospital for extended periods, become overwhelmed by emotions that are triggered from these memories, and feel pain in my body from physical injuries sustained while working there.

When setting out to write *Asymptomatic*, I knew I wanted to engage with different forms of poetry and performance to illustrate both traumatic and triumphant perspectives of employees and residents and to express my experience post-employment. Implementing a hybrid form was conducive towards generating a variety of pieces, especially when reflecting on overcoming

challenges, finding joy, and building resiliency. The performances “Employee Injuries I” and “II” were a couple of the first pieces I wrote in this collection. Both are written from a former employee’s viewpoint and display injuries sustained as a result of physically restraining residents at the hospital. These reflections encompassed the more challenging aspects of my experience and I wanted to be able to tap into the more joyful remembrances as well.

After reading *The Body Keeps the Score*, I realized that my traumatic memories were biochemically more readily available to be articulated because the adrenaline we secrete when insulted or injured is greater than when we receive compliments or positive touch (van der Kolk, 227). This revelation helped me understand that I needed to continue to write about the traumatic moments to unlock the triumphant ones along my journey. After doing so and as more time passed, I was able to refocus my efforts towards the positive and create a more balanced narrative. About this time is when I wrote the final poem appearing in the manuscript, “In Here,” which describes the dynamic intricacies between the employee and resident relationship from an employee’s perspective. The poem both encapsulates the free-spirited elements of childhood and the eccentricities of working and residing in a psychiatric hospital.

A significant amount of the manuscript was crafted by going outside myself and entering perspectives different than my own. Applying a hybrid form not only allowed me the liberty I needed to write each piece, it also allowed each individual narrative to take its own shape. Whether I wrote from a teenage boy’s viewpoint in the form of a poem (“Absent”) or from an adult woman’s perspective through monologue in a performance (“This is a Weapon”), enabling myself to be fluid as a writer with whatever form the character called for was pertinent to the genuineness and completion of this creative work. Constructing equally weighted perspectives aided to even out the overall tone of the collection.

Writing fictitious performance scenes set at the hospital with dialogue helped establish the perspectives and relationships of those characters who reemerged in other pieces. In “Swing Talk,” a performance scene placed towards the end of the manuscript, a fourteen-year-old girl has a conversation with a thirteen-year-old boy about their length of stay and desire to return home. This piece assisted in determining what details should be included in each of the character’s earlier individual poems written from their viewpoints. Knowing what to reveal sooner and what to save for later supported the momentum of the manuscript.

Ordering of the pieces presented a challenge because of the heaviness of the initial traumatic content. I wanted the reader to experience a balanced depiction of the story through elements of overcoming obstacles. Since my initial memories were weighted towards the negative side of the scale, I knew I needed to draw inspiration from other resources. One of the only tangible objects I have from the hospital is a laminated photo collage hanging on the wall next to my desk where I write. It was assembled for me by a previous co-worker during my last week of employment. The photos are of myself with volunteers, interns, work study students, administrative assistants, custodians, cooks, counselors, other TRS, social workers, nurses, department directors, psychologists, psychiatrists, and the chief executive officer. In the photos we are playing musical instruments, painting faces, wearing costumes, dancing, snowshoeing, swimming, beach combing, fishing, rock climbing, hiking, camping, and roasting marshmallows all while serving an underserved population of kids. This collage reminded me of leading a variety of therapeutic recreation groups such as rock climbing, which inspired the creation of “Trust Falls.” This performance scene takes place over a four-week period of time and shows the evolution of a group and the growth of a relationship between a TRS and a resident.

What's missing from the collage, due to laws regarding confidentiality, are the residents. What I do have of the three-hundred fifty or more kids I served are my memories. I recall special moments through song lyrics shared in van rides, poses struck in yoga rooms, and mountains trekked in the wilderness. I remember through the activities we shared and places we traveled away from the brick buildings with locked doors and concrete floors. Those times when the kids experienced the innocence of childhood with the autonomy they deserved. These opaque memories inspired some of the joyful moments I wrote about, such as "Free," a poem from a ten-year-old girl's perspective about the safety and independence she feels when ice skating.

Other times I recall the challenging moments. Those memories are triggered by ordinary objects like an empty aluminum can left on the counter, a paper clip dropped on the carpet, or broken glass found on the street. Similar to the dog leash from my earlier example, I am learning to feel comfortable around these items again. Some of these objects were inspiration for the poem "Linger-ings," which alludes to the observational skills I acquired from the hospital. I was trained to recognize changes in resident's behavior by noticing the way they blink, nod, or fidget with their hands; the way they dress or comb their hair; the volume, tone, and cadence of their speech. Gathering this information helped predict behavior and kept everyone safe.

The culture of care at the hospital promoted the idea that the better someone is at these observational skills the better they serve the residents. Although, if too much emphasis is placed on looking for negative behaviors, then positive ones may go unnoticed. Over time that balance may be harder to find, especially if you have been repeatedly spit-on, kicked, or punched. Despite these glaring realities, I loved the team I worked with and the resiliency of the hospital. The environment is a masticating, defecating organism fueled by practical knowledge and emotional faith that believes the more the team fails the greater amount of success they will

obtain. Constantly asking themselves, what can they do better as an organization and how can they learn from negative experiences and empower the kids to make safer decisions in the future.

These questions informed my process in writing *Asymptomatic*. The task of rewriting and reformatting is essentially asking myself what can I do better. How can I respectfully represent the people who have literally and figuratively played a role in my life and writing, while keeping their confidentiality and remaining genuine to my experience of working at the hospital and recovering post-employment? This is why changing identifying factors and details is important to this creative work. Not only am I protecting myself, but I am also protecting the people and places I drew inspiration from. Concurrently, I am learning more about myself as a person and a writer by examining my experience and how I dealt with challenges in the moment and afterwards. Through this process, I also considered the reader's perspective. Will they understand the complexities of the content if they have not worked in a similar setting? What impact will this have on my previous co-workers and former residents or the current employees and residents? With so many unanswered questions and unknown factors, I knew I needed to offer various viewpoints to the best of my ability.

Another persisting question is how can psychiatric hospital employees be better supported. Assuming they become more responsible for their individual wellbeing with experience and age is not a sufficient belief. Unless the employee has an in depth understanding of how to put a positive support system in place when they leave their shift for the day, then the sustainability and welfare of that individual will eventually dwindle. My hope in writing *Asymptomatic* is to raise awareness about the impact on care providers working in psychiatric hospitals so more people question what they can do to help them. The more support they receive, the better care they can provide towards the clients they serve.

In writing this manuscript, I aimed to capture a glimpse of what it is like for both the employees and residents with an emphasis on the physical, emotional, and psychological effects of working and residing in this environment. In order to achieve this, I created an impression of authenticity by fabricating hospital documents. For instance, “Seclusion Monitoring Form” is based on an actual form that is required for employees to complete while a resident is locked in seclusion. Recreating a version of this document offers the reader a sense of the realities of the hospital without knowing what is exactly true.

While discussing their creative work among our cohort of graduate students and faculty, one of my peers said they write stories based on memories to forget about them. This statement made me wonder if that was my process as well. The difference is that when I write about personal experiences it allows me to honor and free myself of them simultaneously. I write to remember and heal wounds, some of which I may not always be aware of at the time. Writing and sharing my work with others helps inform my level of understanding. It is like emptying a storage file of memories into a recycling bin and having them be carried away by someone else to sort through, filter, and reorganize. These memories can then be reused or repurposed and perhaps motivate others to recycle their own. Retelling stories of trauma and triumph allows the weight I carry of both truths to be celebrated and lifted. Not to say either fully disappear. Some may even lie dormant or they may reappear when elicited by tangible objects like a dog leash. By writing and sharing *Asymptomatic*, these truths now have a voice and a container greater than myself to reside in.

Works Cited

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